Greater Columbia Accountable Community of Health

Leadership Council

Thursday, May 19th, 2016
9:00AM-11:30AM Meeting
Greater Columbia Behavioral Health
101 N. Edison Street, Kennewick, WA 99336

Minutes

Participants	In Person: Amy Person, Rhonda Hauff, Gina Ord, Jorge Rivera, Susanna Petrie, Darin Neven, Olivia Oden, Becky Grohs, Caitlin Safford, Andrea Tull, Martha Lanman, Leta Travis, Dan Ferguson, Ed Thornbrugh, Brisa Guajardo, Efrain Quiroz, Alex Howard, Corrie Blythe, Larry Mattson, Liz Whitaker, Marcy Durbin, Joyce Newsom, Suzy Diaz, Angelina Thomas, Mary O'Brien, Sandra Suarez, Martha Searle, Stan Ledington, Andy Nyberg, Matt Davy, Karla Greene, Sandra Aguilar, Carmen Bowser, Bertha Lopez Called In: Lindsey Ruivivar, Bethany Osgood, Shawnie Haas, Susann Bassham	
Backbone Support	Patrick Jones, Facilitator Carol Moser, Executive Director Aisling Fernandez, Communications Coordinator Julie LaPierre, Technology Support Sue Jetter, HRSA grant writer Deb Gauck, RHIP consultant	
Guests	Lena Nachand, Community Transformation Specialist, HCA	
Special Thanks	• Thank you to Greater Columbia Behavioral Health, especially Julie LaPierre, for providing the facility and support that allows us to hold these meetings. • Thank you Patrick Jones for facilitating the meeting.	
TOPIC	NOTES	ACTIONS
Welcome & Introductions	• Patrick led introductions. He asked everyone to say their name, where they work and what they did for Mother's Day.	•
Action: Approval of Minutes	• April 21st minutes were approved by consensus.	• Aisling will add people's names to distribution list from minutes •

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Community Engagement Discussion	• Community engagement:
	  ○ Be mindful of our piece of the initiative interacting with the other two initiatives. At some point down the road we may want to be involved with the other initiatives like they are getting involved with our initiative.
	  ○ Dan Ferguson is reaching out to the Faith Community
	  ○ Community engagement work is part of the communications committee.
	  ○ Patrick- this is a shared responsibility for everyone to share the word of the GCACH, not just staff
		• We'll have external distribution list for next month

Director's Report (Carol Moser)	• Peer Cohort Learning:
	  ○ Carol described the weekly leadership development sessions she has been a part of for many months. These just came to an end, giving her her Tuesday mornings back and she shared some of her top lessons learned.
	• Communications & Outreach:
	  ○ Carol reported out on her outreach where she presented to the South Central & Southeast WA Hospital Councils on April 29th at Kadlec. Carol asked the hospital council for a representative to the Transformation Project Advisory Committee (TPAC) to oversee the transformation project selection process. The council designated Shawnie Haas, Executive Director of SignalHealth, as their liaison.
	  ○ Aisling reported out on her trip to Yakima where she attended a LeadingAge Washington meeting and shared information about the current work and timeline of the GCACH.
	• Take the framework survey:
	  ○ According to the timeline, soon we'll know what the final toolkit looks like.
	  ○ The HCA has a survey for everyone to take by Friday, May 25th.
	• HCA submits request to supplement ACH funds by $50,000! (Lena Nachand Reported)
		•

	○ HCA announced on May 12th that they submitted a request to CMMI and we're looking forward to seeing if we get another $50,000 (same for all of the ACHs). This funding is meant to be project-specific for the SIM project. • Grant Funding from the YVCF! ○ Suzy Diaz shared with us that the Yakima Valley Community Foundation approved a grant to this GCACH. She hopes that this money will be spent as this GCACH decides. The final award was 50% of the ask because we're in this "gray space," not quite fully clear what our projects will be. At the end of 3 years there is potential for full funding if there's a project to fund. GCACH was one of the 6 strategic grants awarded! The grant money will be received in installments of $75,000, $50,000 & $25,000. Everyone thanked Suzy & YVCF! ○ Deb commented that strengths of this organization that set us up for funding opportunities like the one from YVCF include being based on the collective impact model, using the MAPP process and that we've adopted the RWJF COH Framework. The more of this kind of evidence-based work that we can put into grant applications the more competitive we will be. • Tribal Consultation Meeting on ACHs: ○ Carol went to a Tribal Consultation meeting in Suquamish on May 11th where there was discussion between HCA & tribes about how tribes could be better included and represented in each of the ACHs. Carol felt proud to show our GCACH Overview Chart that shows we have tribal membership at the board level. Carol spoke with Katherine Saluskin of the Yakama Indian Nation and Jessie Dean, HCA Administrator of Tribal Affairs.	

	• HRSA Grant Update:
	  ○ Sue Jetter and carol went to the mandatory Rural Health Network Development Planning Program meeting in Rockville, MD. It was a great meeting and very educational. It was an opportunity to learn what other grant recipients' successes & challenges are and what they are doing to ensure the rural voice is heard. A take-home was that the "secret sauce" (the catalyst for change) is "networks." The creative interaction and innovation happens when we share what is out there. You can't lose the fact that that's when things happen. Broaden your outreach because you will learn about another organization that has goals in common. Carol & Sue also learned about the facilitation method called ORID, which Carol has used in several GCACH & BFCHA meetings since and it has been a helpful tool.
	  ○ Sue: there were 24 networks from across the country. We were by far the largest network. Many of them were small rural networks coming from places like Lake Tahoe, & rural Maine. They did training on focused conversation, which was a new skillset for Sue. This training provided resources and skills for getting through tough conversations.
	  ○ Sue: We did apply for a follow-up HRSA grant to begin in July. We don't know yet if it was granted, but we should hear more next week and we'll report out at the LC meeting next month.
	  ○ Grant Update since May 19th Meeting: A federal grant application was submitted by Prosser Memorial Hospital earlier this year. The project that was proposed would have provided Mental Health First Aid Training in small communities within the 10-county region of the Greater Columbia Accountable Community of Health (GCACH) and created a network of Rural Health Advisors for the ACH. We were not awarded the grant. The only weakness listed was "cultural and linguistic barriers are not clearly	

	discussed." The rest of the comments were quite positive and our total score was 90.	

Review Strategic Issues Methodology (Deb Gauck)	• Deb Gauck guided us through the document which captures the work of the Strategic Issues Committee (SIC) to date. First we looked at the funnel which visualizes the process that leads to the Regional Health Improvement Plan (RHIP). The second page shows the SIC roster and how this committee intentionally spans each county, sector (and priority workgroup although not shown in the table) in the GCACH. Page three shows the "Underlying Themes" which include additional themes added at the Leadership Council meeting in April.
	• The SIC had been meeting weekly for the last month with the last three meetings being a full two hours.
	• Deb went through WA State plans to look for strategic issue examples we could learn from, especially those related to population health and the RWJF COH Framework. Deb went through those plans and pulled out the strategic issues, first, to have examples of strategic issues in front of us, for clarity (*strategic issues* are different than a *goal*), and second, to be in alignment with what the State is doing around population health.
	• Leadership Council Question: Where are issues such as health record issues, health care adequacy, holes in our specialties, and working with the data health repository?
	  ○ Deb: these are found later in goals rather than in strategic issues.
	• Leadership Council Comment: Adolescent well-child visits: it's important to have this in language.
	• Deb reviewed the three methods in the online survey that the SIC used to prioritize strategic issues to get to the top three Strategic Issues chosen through a survey monkey (3 of 7 were selected):
	  ○ foster cross-sector collaboration
		•

	○ develop healthier, more equitable communities ○ strengthen the integration of health services and systems • The same process was used for each conference call dedicated to strategic issues, goals and strategies. There was discussion followed by an online survey and then then discussion of the results of that survey at the next meeting. • In the Proposed Strategies table from pages 9 to 13, the 4th column has strategy examples from state plans and the RWJF COH. Deb also went back into underlying themes to look for strategy examples because underlying themes can often double as strategies. • Up to a certain point it was ok to focus on content rather than language, but the SIC started to feel that wording was being duplicating across strategic issues, goals and strategies, and being very specific about the language became very important. • Each page in the report is a snapshot in time in the process. • As of 5PM the night before the LC meeting, the SIC prioritized the strategies to present to the LC. This was the first time the SIC saw the results of the latest survey. • Deb reported out for the SIC very quickly and in a very linear process. Actually, at each step, the SIC looped back and revisited their decisions that surfaced from the survey results. They looked at goals and compared them to strategic issues to make sure they were in alignment and tweaked if needed. Deb said that in this careful iterative process where they went back to change wording, they didn't lose the intent of the original statements (strategic issues, goals, strategies), but instead clarified the language. • One LC member expressed concern that the strategies are very health care-heavy rather than moving away from traditional medical care.	

	• The SIC committee has been using the ORID (Objective, Reflective, Interpretive, Decisional) method that Carol and Sue learned about during their conference in Maryland. • Comment: Hesitant to have anything about reducing costs AND improving access within the same goal. When we integrate BH it's a very expensive undertaking at first. • There was discussion around whether or not we should be combining SI #1 (Foster Cross-Sector Collaboration) & SI #2 (Develop Healthier, More Equitable Communities). Our group was split on whether or not these SIs were very similar or not. When there were no strategies issues prioritized under the first strategic issue, it raised the question of what to do about that SI, which had risen to the top three of the seven strategic issues in the survey focused on strategic issues. • Deb commented that there's a reason that RWJF COH separated out SI #1 from SI #2. We are trying to develop a culture of health. She has been thinking of the question for each organization and person getting involved with the GCACH, "How do you see yourself working with us to develop a culture of health?" • Deb & Amy mentioned that working with schools, faith centers, etc. is more *health* than *health care*. • Sue: Cross-sector collaboration is linked with community engagement and is an internal process.	
Review Guiding Principles (Deb Gauck)	• Within the document for the SIC report out, there was a section on pages 15 and 16 about Guiding Principles. Deb looked at the WA State plans and the RWJF COH Action Framework for guiding principles being used by well-respected plans which she then used to propose a draft set of guiding principles for the GCACH. During the SIC meetings, the group realized that some strategies were better categorized as guiding principles, or value statements, that we want to apply to all the strategies. For example, culturally- and linguistically- appropriate care should apply to all strategies and all aspects of work.	•

	• Lena: For something to be efficient, it has to work just as well AND cost less, there has to be a ratio in that efficiency. Efficiency doesn't JUST mean to cost less.
	• With the Waiver, work has to be at least cost-neutral.
	• Rhonda suggests that wording around cost is a guiding principle.
	  ○ Cost could be a goal, a principle/value or an outcome measure.
	  ○ Seeking care in primary care vs. ED visits is a way to reduce costs with better care.
	  ○ We need to be fiscally responsible across all strategies/goals/objectives.
	  ○ Larry proposed "Cost sensitivity" as a phrase.
	  ○ Quality is important and we want to lower the cost of care. Don't compromise quality.
	  ▪ Lena- that's what efficiency means. Lower costs while maintaining same outcomes. Very much tied to outcome.
	• Caitlin: There should be a guiding principle around being data-driven/informed. We should use the data we have access to.
	  ○ Bertha: There is also data we need to collect.
	• Liz: We can invest now in early education or invest later in the criminal justice system. We have to think about a value and we have to think really long-term. Think long-term vision. Hopefully costs will shift overtime.
	  ○ Gina, Larry & others liked having *prevention* as a guiding principle.
	• Jorge: We should think about population health management for the most vulnerable age groups.
	• What are the next steps for the SIC?
	  ○ The RHIP is due at end of July (draft) with the final version due in September.
	  ○ During the week of May 23rd, the SIC will begin talking about the concept of a *portfolio of strategies*. The discussion will become more granular and	

	the SIC will talk about sub-strategies. For example, under the SI of fostering cross-sector collaboration, school-based health centers could hit on multiple fronts to get dosage to move the needle. ○ After developing the portfolio, the SIC will discuss barriers to implementation & develop objectives, measures, & establish accountability for achieving objectives. Next month on June 16th, the LC will review objectives and measures prioritized by the SIC> ○ The SIC will go back to the priority work groups' inventories of programs and services and supplement with additional evidence-based programs. Then we have a blueprint/backbone for RHIP. • Lena: HCA wants to see this RHIP process address: ○ What's the value-add of the ACH that wasn't there before? ○ What are the individual needs of communities within GC? ○ It's about the process that we're going through right now. It's hard with limited financial resources. How do you leverage human and financial resources? ○ There's also a template. Because of SIM, there's limited money. HCA wants to see one project but also fully expects and intends that there will be other work going on. The one specific SIM project will be what is supported by the HCA. ACHs are intended to be larger and more than that one project (value-add). • Patrick: If Sue and Deb were to find dollars for this ACH, could that extend to other priorities? ○ Lena: Yes, HCA is not going to be the only funding source. The HCA won't hold the GCACH accountable for deliverables for other funding, but the GCACH accountable to other funders. ○ Caitlin: One of the other ACHs has 7 overarching strategies and activities related to them. Three of those strategies have a lot of energy. That ACH	

	to activate those three at the same time and find funding for them. There are activities they want to do with or without a waiver. • Rhonda: What are the topics for negotiations at the federal level? ○ Lena: Expectations are based on a percentage of the national projection. Negotiations are what are those projections. • Gina: What is cross-sector collaboration? Seems to her that it's a bridge to the other SIs. Could be diagrammed as a bridge to the others or in between the two. • Bertha: The examples of goal on page 8 helped her to understand how the 3 SIs are independent of each other. • Carol: Cross-sector collaboration is a value that we hold.	
Small Groups	• The LC had only large group discussion and then adjourned early.	•
Adjournment	• The Leadership Council meeting was adjourned at 11:10 AM.	•

2016 Meeting Schedule	The GCACH Leadership Council meets the Third Thursday of the month.
	• Location: Greater Columbia Behavioral Health, 101 N Edison St, Kennewick
	• Time: Leadership Council: 9-11:30
	• Dates:
	  ○ Thursday, June 16th, 2016
	  ○ Thursday, July 21st, 2016
	  ○ Thursday, August 18th, 2016
	  ○ Thursday, September 15th, 2016
	  ○ Thursday, October 20th, 2016
	  ○ Thursday, November 17th, 2016
	  ○ Thursday, December 15th, 2016
	Thank you for your time and engagement with the Greater Columbia Accountable Community of Health!	